

GREENWAY MANOR

501 SOUTH WINSTED, P.O. BOX 759

SPRING GREEN 53588 Phone: (608) 588-2586

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 60

Total Licensed Bed Capacity (12/31/02): 60

Number of Residents on 12/31/02: 48

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 51

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		35.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years		22.9
Day Services	No	Mental Illness (Org./Psy)	18.8	65 - 74	6.3			-----
Respite Care	No	Mental Illness (Other)	2.1	75 - 84	29.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	6.3	95 & Over	12.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.4		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	12.5	65 & Over	93.8	-----		
Transportation	No	Cerebrovascular	16.7		-----	RNs		10.9
Referral Service	Yes	Diabetes	0.0	Sex	%	LPNs		5.8
Other Services	No	Respiratory	4.2	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.1	Male	33.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care						
		Per Diem (\$)		Per Diem (\$)				Per Diem (\$)				Per Diem (\$)		Per Diem (\$)				Per Diem (\$)		Total Resi- dents	% Of All
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	3	100.0	307	30	100.0	113	0	0.0	0	14	100.0	140	1	100.0	113	0	0.0	0	48	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	3	100.0		30	100.0		0	0.0		14	100.0		1	100.0		0	0.0		48	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health	11.4	Bathing		0.0	70.8		29.2		48
Private Home/With Home Health	0.0	Dressing		14.6	33.3		52.1		48
Other Nursing Homes	0.0	Transferring		33.3	47.9		18.8		48
Acute Care Hospitals	83.5	Toilet Use		37.5	29.2		33.3		48
Psych. Hosp.-MR/DD Facilities	0.0	Eating		70.8	16.7		12.5		48
Rehabilitation Hospitals	0.0	*****							
Other Locations	5.1	Continence		%	Special Treatments		%		
Total Number of Admissions	79	Indwelling Or External Catheter		2.1	Receiving Respiratory Care				12.5
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		29.2	Receiving Tracheostomy Care				0.0
Private Home/No Home Health	41.9	Occ/Freq. Incontinent of Bowel		16.7	Receiving Suctioning				0.0
Private Home/With Home Health	0.0	Mobility			Receiving Ostomy Care				0.0
Other Nursing Homes	4.7	Physically Restrained		0.0	Receiving Tube Feeding				0.0
Acute Care Hospitals	8.1				Receiving Mechanically Altered Diets				18.8
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics				
Rehabilitation Hospitals	0.0				Have Advance Directives				100.0
Other Locations	11.6				Medications				
Deaths	33.7				Receiving Psychoactive Drugs				66.7
Total Number of Discharges									
(Including Deaths)	86								

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities									

	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.0	85.1	1.00	88.5	0.96	86.7	0.98	85.1	1.00
Current Residents from In-County	52.1	75.4	0.69	72.5	0.72	69.3	0.75	76.6	0.68
Admissions from In-County, Still Residing	13.9	20.1	0.69	19.5	0.71	22.5	0.62	20.3	0.69
Admissions/Average Daily Census	154.9	138.3	1.12	125.4	1.24	102.9	1.50	133.4	1.16
Discharges/Average Daily Census	168.6	139.7	1.21	127.2	1.33	105.2	1.60	135.3	1.25
Discharges To Private Residence/Average Daily Census	70.6	57.6	1.22	50.7	1.39	40.9	1.73	56.6	1.25
Residents Receiving Skilled Care	100	94.3	1.06	92.9	1.08	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	93.8	95.0	0.99	94.8	0.99	93.6	1.00	87.7	1.07
Title 19 (Medicaid) Funded Residents	62.5	64.9	0.96	66.8	0.94	69.0	0.91	67.5	0.93
Private Pay Funded Residents	29.2	20.4	1.43	22.7	1.29	21.2	1.37	21.0	1.39
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	20.8	30.3	0.69	36.5	0.57	37.8	0.55	33.3	0.62
General Medical Service Residents	27.1	23.6	1.15	21.6	1.25	22.3	1.21	20.5	1.32
Impaired ADL (Mean)	49.2	48.6	1.01	48.0	1.02	47.5	1.03	49.3	1.00
Psychological Problems	66.7	55.2	1.21	59.4	1.12	56.9	1.17	54.0	1.23
Nursing Care Required (Mean)	6.0	6.6	0.90	6.3	0.96	6.8	0.88	7.2	0.83